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Original Department.

Lecture.

LEUCOCYTHÆMIA.

Delivered at Bellevue Hospital, New York,

BY PROFESSOR AUSTIN FLINT, SR.

Reported expressly for the Medical and Surgical Reporter.

Gentlemen—I have a well-marked case of leucocythæmia to bring before you to-day. You will doubtless remember that Virchow has divided this affection into two varieties, the splenic and the lymphatic; but you must not forget that we also meet with cases of persistent anæmia entirely distinct from either of these, and designated by the term *progressive pernicious anæmia*, in which neither the spleen nor the lymphatic glands are enlarged, or otherwise affected.

The patient's name is John B. Smith. He is sixty-one years of age, a machinist by occupation, and was admitted to the hospital about six weeks ago. He states that his father died of consumption, and his mother of old age, and that he has been a pretty hard drinker, as well as a hard worker. He confesses that he has had gonorrhœa, but denies ever having been the subject of syphilis. He has had one attack of acute articular rheumatism, and several subacute ones, and has twice been affected with intermittent fever. Three years ago he began to experience unusual fatigue after ordinary exertion. Soon afterward he began to suffer from slight dyspnœa also, and then he noticed that there was some œdema of the feet. These symptoms continued gradually to become more and more marked until about fourteen months ago, when some of his friends called his attention to an abdominal enlargement, in the form of a hard ridge of considerable extent, which he had not previously noticed. Presently he began to suffer considerably from pain, situated to some extent over the tumor, but more marked in the hepatic region, and as he now had some fever and was slightly jaundiced, he gave up work entirely.

At the present time we find that he still has fever at night, but there is no general dropsy; the most prominent symptoms being dyspnœa, œdema of the lower extremities, and excessive debility. His bowels are constipated, and there is marked enlargement of the spleen. The lymphatic glands in the left groin are also considerably enlarged; while those in the right groin are tender on percussion. A microscopical examination of the blood shows that the white corpuscles are much increased in number, and that there is a diminution in that of the red corpuscles. There is a slight puffiness under the eyes, and you will notice that the face presents a very markedly anæmic condition. There is also considerable sallowness about it; so that on looking at it without knowing anything of the case, one would probably at once suspect malarial poisoning.

Now, let us expose the abdomen, and examine its condition for ourselves. On making palpation over it, a solid body, of great size, is at once detected, which occupies more space on the left than on the right side of the body. This is the spleen, and it is of enormous extent, reaching, perhaps, five inches below, and six inches above, the umbilicus, and also several inches to the right of that point in its lower portion. Its outlines can be very readily

made out, and the bilus of the organ can be felt with the greatest distinctness. The heart, as we would naturally expect, is pushed up to a considerable extent; so that the apex beat is found in the fourth, instead of the fifth, intercostal space.

The house physician thinks that he has been able to make out some enlargement of the liver; but I do not find that this is really the case. It is possible that there may be a slight increase in the size of the organ; but it is not sufficiently marked to be appreciable. And just here I would like to caution you against a source of error often met with in connection with the determination of the boundaries of such organs. In making these out, you cannot depend much on the tympanitic resonance of the intestinal tube. The sense of resistance made by such a solid organ is a much more reliable guide; for the tympanitic resonance of the intestines is very readily propagated for a considerable distance by it.

Then, again, you must remember that there is another possible source of error in the fact that there may not be any gas in the intestine at the time the exploration is made. In the present instance I feel the resisting tumor of the spleen with the greatest distinctness with my hands, and yet, over a considerable portion of its surface I can get, on percussion, a well-marked tympanic resonance, which is thus transmitted from the intestines.

There has been, all along, more or less œdema about the feet, but it is not at all extensive at present. On auscultation of the heart, I find that there are systolic murmurs, which are probably of anæmic origin; but I am not able to detect any venous hum on placing the stethoscope over the vessels of the neck.

Well, gentlemen, this is a distinct case of leucocythæmia with enlarged spleen, or, in other words, of the splenic variety of leucocythæmia. If you were to question me as to the pathology of the affection, I might, perhaps, talk for a considerable time in regard to the subject, from a therapeutical point of view; but I do not think I could really throw much light upon it. In such a condition of the blood our attention is naturally directed to the organs in which its red globules are supposed to be found, viz., the spleen and the lymphatic glands; and the fact that the spleen is frequently found enlarged in cases like this, goes to confirm the researches of physiologists in regard to the formation of the blood. We might go further in theorizing, like Bennett, who claimed that the red corpuscles are formed from the white, and that leucocythæmia is due to some interference with the blood-making function of the ductless glands, which prevents the normal transformation of the one with the other; but I do not think it worth while to take up your time with any such discussion at present.

It is a matter of importance to the patient to know how much we can do for him. The plain indications in the affection are to improve the condition of the blood, and increase the appetite and strength; but, unhappily, whatever course of treatment may be adopted, such cases almost uniformly progress steadily to a fatal termination. The prognosis is, therefore, about as bad as it can be; but we should not be discharging our whole duty if we did not endeavor to support the patient's strength by such chalybeates and other tonics as are indicated, and such nourishing diet as he may be able to digest. The termination in these cases is usually by progressive asthenia, and sometimes is produced very rapidly. I have recently had a case of leucocythæmia in private practice, in which the patient seemed to be getting along quite nicely, so that he was losing ground so slowly that it was scarcely appreciable; when suddenly his strength gave way all at once, and he very quickly succumbed.

The general condition of those suffering from leucocythæmia is very suggestive of malignant disease, and it is, therefore, always incumbent on us to make a thorough investigation of every part of the body in such cases, to find out whether there may not be evidences of some such trouble present. All the symptoms are consonant with the existence of carcinoma. Generally, however, when the latter condition is present in the system, we have local symptoms of more or less severity; and in some cases of leucocythæmia the diagnosis is reached simply by a process of exclusion. Where there is marked enlargement of the spleen, this, of course, renders it more easy and certain.

Sclerotinic Acid in Hæmoptysis.

This acid, obtained first by Dragendorff from ergot, has lately been adopted by von Ziemssen and other German physicians as preferable to ergotin for hypodermic injection in hæmoptysis and other internal hemorrhages. A five per cent. solution is used, and it is said not to be so liable to be followed by abscesses as ergotin.

COMMUNICATIONS.

BILIOUS DISEASES—WHAT ARE THEY, AND WHY SO CALLED.

BY I. H. NOWLIN, M.D.,

Of Little Rock, Arkansas.

The word "bilious," is thus defined by Dunglison, the great American and English authority. "That which relates to bile, or is produced by bile. An epithet given to certain constitutions and diseases which are believed to be the effect of superabundance of the biliary secretion; as bilious temperament, bilious symptoms, bilious fever, etc.; *but often used without any definite idea as regards the bile being attached to it*" (italics mine). "Biliousness is the state of being bilious."

Bennett, in his work on physiology, uses the following language: "If more non-nitrogenized food be taken than can be got rid of by the lungs, in the form of carbonic acid, the liver pours a greater quantity of bile into the duodenum, causing the symptoms known as bilious." By others (as Dr. G. B. Wood), any departure from the normal secretion, as to quantity or quality, whether a greater or less amount, or whatever the change in character or appearance, is called a *bilious attack*. With such latitude embraced in the use of the word, it is no matter of surprise, however much the fact may be regretted, that we have no certain means of arriving at its meaning when used, unless it is explained. Again, there are those (and their name is "legion") in our profession, not a few, and among the masses, perhaps nine-tenths, who, upon every occasion of indisposition, however trifling, see nothing but a "bilious attack," recognizing no organ in the economy but the liver, and charging to its account every "ache and pain;" the effects of every act of imprudence, whether of eating, drinking, exposure, overwork, or of indolence (the root of many evils). And it is a humiliating thought, one painful to contemplate, that this state of ignorance among the people throughout our land is the legitimate result of the careless expressions and indiscriminate practice of many of our better informed physicians, as well as of the "inexorable law of cause and effect" attending upon and following the teachings and practices of the ignorant and unprincipled among them.* This is the foundation of the universal idea of "liver diseases and bilious attacks." And hence it is, that all civilized (?) lands are, and have been, for years, inundated by "liver pills," "liver correctors," "liver stimulants," "liver restoratives," "liver tonics," "liver regulators," etc. (*ad nauseam*), numerous as the "frogs or lice of Egypt," and, without doubt, much more detrimental.

To exemplify this superlative ignorance, I will mention briefly one or two recent cases in my own practice, as representative ones. I was invited to see a Mr. N., a printer, of some intelligence on general subjects, some twenty-five years of age, laboring under remittent fever. The attack was but a mild one, requiring only a few days in the house, with appropriate remedies, to "break it up." He, however, was quite uneasy about his liver, saying it was "painful," etc. On being asked for the location of the pain, he placed his finger just above the crest of the left ileum, saying "*it is right there.*"

Within the last forty-eight hours, a merchant of our city, nearly fifty years old, called at my office, looking very well, but rather serious, as if in trouble. After sitting a short time, he very gravely asked, "if I had ever known a person discharge a portion of his liver through his bowels." I replied, "certainly not; that would be an impossibility." He rejoined, that "he had suffered many years from liver disease, by occasional spells;" that he was satisfied it was so, "because his physician had so told him." I could learn nothing from his present appearance and condition, nor from his history, to indicate that he had ever had anything more than transient spells of indigestion, with general sluggishness of the chylopoëtic viscera. Finding that I was entirely skeptical as to his having, or ever having had, liver disease, he produced, carefully wrapped in paper, the *piece of his liver* (as he supposed), discharged per anum the previous night. Upon examination, I made it out the skin of a muscadine (the fruit of the vitis vulpina), or some other thick, tough-skinned grape, (!) which seemed to have been retained for some days, and only discharged after taking a dose of "Blank's pills." The result of the examination was so satisfactory, that he bade me "good bye," without insisting on a prescription. What a fine chance for "a good fat bill" some *liver* doctor missed, by not getting this case!

As before remarked, ignorance and cupidity are not alone responsible for the erroneous popular views, so extensive and detrimental.

The careless expressions, and more or less routine practice—together with their entire neglect to give other and better instruction—of many of our well qualified and judicious practitioners, have contributed largely to the production of the errors so prevalent. By way of illustration I will mention a single representative case: Dr. H. is a well-educated and highly-qualified physician; a practitioner of twenty or more years. After prosecuting successfully his studies in America, he visited Europe, and continued them in both London and Paris. Returning, about 1866 or 1867, he settled in the "City of Brotherly Love," and there remained, practicing his profession, for a number of years. Some fifteen years ago he came South, and our lots were cast together in the same city, where our intercourse was always (at least to one of us) very pleasant. Standing together, on one occasion, in a drug store, some person asked, "Doctor, who are you going to see just now?" The Doctor replied, "Colonel C." Knowing that Colonel C. had but recently gotten up from a partial attack of paralysis, I said: "Doctor, has the Colonel a renewed attack of paralysis?" "Oh no," he replied, "he has only a *bilious* attack." I rejoined, "Doctor, please excuse me; I do not understand what you mean by 'bilious attack;' such language does not belong to my vocabulary; please describe to me Colonel C.'s pathological condition." The Doctor looked at me, and with a pleasant smile, as he turned away to attend to something else, only replied, "it is a very convenient expression, sir." And so the conversation ended.

Such *convenient expressions*, vague and almost meaningless, though they are, uttered carelessly and without any thought of evil resulting, by physicians of high standing in the profession, are seized upon both by the ignorant masses and mercenary quacks; by the former as interpretations of their own (real or imaginary) afflictions; and by the latter (whose legitimate place should be the House of Correction) as *authority* for their own diagnoses and prescriptions. Such evils, thus beginning without design, become interminable. Long ago, from a knowledge of the facts and considerations mentioned above, the writer determined to ignore all so-called "bilious troubles," and to make an effort to establish among his patrons views more consistent with facts, as well as more conducive to their own comfort. A man or woman once convinced of the presence of a liver trouble, or "bilious attack," is ever afterward a prey to evil forebodings and imaginary biliousness, inflammations, or abscesses of the liver, etc., in nineteen cases out of twenty without a particle of foundation for such belief and suffering, but that some Dr. said, years ago, "your liver is diseased." Since adopting his present plan, the writer has found no difficulty in designating diseases by names much more expressive of their real pathological status. And as to success, it has been all that could have been reasonably expected or even desired.

In all cases of general disease, especially when acute, functional disturbances are present in all the organs of secretion and excretion—the skin, lungs, kidneys, and liver. These are organs of vital importance in the economy, some of them altogether depuratory, while others are also assimilative and renewing in their offices, so that not one of them can be excused from duty, even for a very short time, without imminent peril to life, and inevitable dissolution, if not restored speedily. Why, then, should the liver be made "the scapegoat" "to bear away the sins" (so to speak) of every other organ of the system. Why shall we say, "bilious fever, bilious pneumonia, bilious pleurisy, bilious colic, bilious headache, bilious erysipelas, etc., when, in numerous instances, the liver is the least offending organ of the whole? Why, at the present day, if a man, by excessive eating and drinking (surfeiting), so shocks and paralyzes the stomach that for a time it ceases to act, apparently conscious of its inability to perform the labor imposed upon it in the ordinary way, by the liver, is that organ at once censured? And when, after a longer or shorter interval, a degree of reaction is established, the stomach becomes disgusted, as evinced by the intolerable nausea, which soon culminates in active and continued vomiting, till not only the whole of the offending mass is disgorged, but a copious discharge of bile occurs, as a sequel, then, indeed, is the diagnosis confirmed! "See how immensely bilious he was; I thought that was just what was the matter;" is heard from the lips of the bystanders, and very likely from the attending physician also! The indication is then unmistakable; "a corrective of the biliary secretion is the very thing." The universal blue pill, or the coextensive hydrarg chlor. mitis, comes at once into requisition, *notwithstanding the positive evi-*

dence present, that the liver is performing its functions "all right."

Excepting the writer's own efforts to correct opinions and practice so false and detrimental, he has certainly heard none, nor does he recollect to have seen any, from any source. And, as a personal friend to the liver, he now, here, enters his emphatic protest against such slanderous accusations, made (occasionally from inadvertence, by good men) and propagated by unprincipled, mercenary quacks (and their poor, unfortunate dupes), "who do not know" (as that model journal, the *American Agriculturist*, said, in a late number, writing upon the same subject), "whether their livers are in their stomachs, or their stomachs are in their livers." And, as to a knowledge of its functions, the daily amount and uses of its secretions, they have little more information (though not a tithe of their modesty) than certain long-eared animals, that, to their credit be it said, confine their acts within the sphere of their knowledge, thus showing themselves the more rational, and, may I not say, moral (?) of the two classes. To inform such vampires that bilious matter is always thrown up by long-continued vomiting, if the liver is in healthy condition, whatever may be the cause of the emesis, would be only "casting pearls before swine;" they would only "turn again (when absent) and rend you," "fearing lest their craft be endangered."

That the liver is often, more or less, functionally at fault, generally from excessive or improper ingesta, overcrowding the portal system, there cannot be a reasonable doubt. And just as often will the skin and kidneys exhibit like disturbances. The same is also often true of the lungs. Why, then, refer the whole trouble to the liver, and say that is diseased, and that the case is a "bilious attack?" prescribe mercury in some form, under the impression that the liver needs urging to duty, and that the prescribed remedy will be sure to do it? when, at the same time, absolutely nothing is wanting but rest, abstinence from food, and, it may be, a gentle aperient, giving the portal vessels and liver a little time to "unload." Such cases are truly spells of indigestion, and should so be called. The entire blame should rest upon, not the liver nor the stomach, but the patient, who should be starved till he is taught to treat his digestive apparatus with more consideration.

It is unquestionably true, also, that the liver is occasionally diseased organically, seriously, and even fatally. During an experience of more than thirty-six years, one such case for every two years of that time, I feel warranted in affirming, would limit the number that has come within my observation (bating possible errors in diagnosis). Indeed, my recollection cannot now furnish that number. I have seen only one case of malignant tumor of that organ. My diagnosis was confirmed in Richmond, Va., by Dr. B., and in Philadelphia, by one or more physicians. The patient was in Richmond some few months after my opinion was given in Salem, Va. I have not met with more than half a dozen cases of acute hepatitis, all recovering but one. Not more than four cases of abscess of the liver have come under my knowledge; all recovered, the discharges occurring through the intestinal tube, except one, which took place through the abdominal wall, by adhesion and absorption. The other organic diseases of the liver I have seen have been in old persons, indurations, enlargements, degenerations, etc., producing effusions into the cellular tissues (anasarca), in cavities, hydrothorax and ascites, and thus terminating life. My own opinion of the liver is, that it is a very hardy, durable organ, only wanting fair usage to reach good old age.

If an apology is due to the readers of the Reporter for the infliction of this paper upon them, the only one the writer has to offer is the earnest desire he feels for the correction of the erroneous and highly detrimental opinions of the masses concerning the liver, its functions and diseases, which, to-day, constitute, in his opinion, one of the greatest curses affecting Christendom.

Who will aid in the effort.

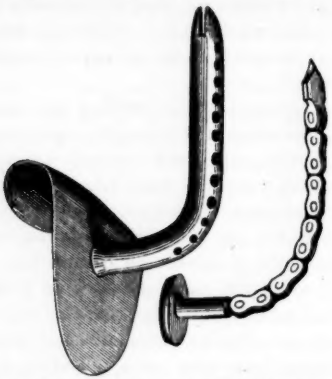
A NEW INSTRUMENT FOR DRAINING THE PLEURAL CAVITY; WITH REPORT OF A CASE.

BY S. P. DAVIS, M.D.,

Of Lancaster, Pa.

In looking up the literature of surgical operations for the relief of effusions into the pleural cavity, and the different forms of drainage tubes for the same, I was forcibly impressed with the importance of a better and less painful method than any heretofore practiced. I determined that in the next case that came under my notice I would carry out my idea of

the instrument, here illustrated by a full-sized wood-cut, which consists of a curved, perforated,



shielded, silver canula, and a vertebrated trocar, which is readily passed inward and upward through the intercostal space, and is left in situ, being easily retained in position with adhesive plaster, passing either wholly or partly around the body. Through this the pleural cavity is drained, either of effusion or suitable injections. A small wooden peg, or a thin metallic valve, closing the external opening in the canula, renders the instrument complete and simple, and causes little or no inconvenience to the wearer.

Case.—Was called, July 1st, 1877, in consultation with Dr. D. H. Shenk, of Rohrerstown, Lancaster county, Pa., who, at my request, has kindly furnished me the following history of the case, in writing. He says, D. H. called at my office in March, 1878, complaining of pain in right infra-clavicular region, constant hacking cough, without expectoration, emaciation, dyspnœa and general anorexia; stated that several members of his family had died of consumption, and that he had had a severe hemorrhage from the lungs. *Physical examination.*—Pulse 95 to 100; temperature 100. Upper and middle lobes of right lung filled with tubercles.

Treatment.—I directed one teaspoonful of the syrup hypophosphite comp. three times a day, with cod liver oil, beef tea, iron and whisky, under which his improvement was apparent in a short time. May 16th I was summoned to his bedside, and learned that he had a severe chill, which was followed by high febrile action and a sharp pain in his right side; pulse 125; tem perature 102. Diagnosed acute pleuritis and treated him accordingly. In three weeks he was up and about. June 10th, he had a similar attack of pleuritis, which, after about a fortnight, resulted in effusion into the pleural cavity. At this time, July 1st, 1877, the condition of the patient is anything but favorable. His tubercular disease being the outgrowth of an inherited diathesis, with loss of appetite, hacking cough and the whole right pleural cavity filled with liquid, rendering his breathing almost impossible. Temporary relief was all that could be expected. I advised the removal of the fluid at once, and proceeded to operate, removing with the aspirator nearly four pints of non-purulent fluid, which afforded immediate relief from the distressing dyspnœa. This operation had to be repeated about every two weeks, until about thirty-two pints had been removed, when I suggested the use of the drainage tube above described, which was introduced November 23d, and remained there until January 27th, 1878, the day of his death, nine weeks and two days. Once in twenty-four hours the cavity was washed out, by the use of a Davidson's syringe, with solutions of carbolic acid, argent. nit. and tinct. iodine. The patient suffered no inconvenience from the presence of the tube. He died of exhaustion, caused by the gradual progress of his disease, hastened materially by the drain from the pleural cavity, which, however, was decreasing rapidly, and in a healthy subject would have resulted in a cure.

I should be glad to have the profession give this instrument a trial. Mr. J. H. Gemrig, No. 109 South Eighth street, Philadelphia, will furnish them at a reasonable cost.

THE ANTISEPTIC TREATMENT OF WOUNDS.

BY GEORGE HALSTED BOYLAND, M.A., M.D.,
Of Baltimore.

Continued from p. 117.

The experiments at the Greifswalder clinic, mentioned in the first part of this article, and made with a dressing composed of salicylic acid and oakum, resulted in demonstrating the fact that, in many cases in which Lister's method was employed, and which ran their course without fever, no bacteria developed; that in other cases, in which the course of disease and termination were equally favorable, only after eight or ten days there was a slight development of bacteria, the secretion from the wounds becoming turbid in the test glasses. On the other hand, the pus in the test glasses to which

nothing was added, and from wounds not treated according to the antiseptic method, became turbid on the second day, and showed a marked and rapidly increasing presence of bacteria. In a line of cases in which the application of the antiseptic bandage was not made, there were already in the secretion from the wound masses of bacteria; many of these cases had fever.

In all cases in which patients had fever from resorption of the wound secretions, there was an early turbidness and development of bacteria, which generally diminished after cessation of the fever, and in some instances disappeared altogether.

It would seem doubtful, then, if even by the strictest antiseptic treatment wounds can be kept entirely free of bacteria. Such may be the case exceptionally, where the patient comes under treatment immediately the wound is made. But when bacteria are present in a wound before surgical treatment is begun, and have disseminated themselves through the tissues, Lister's bandage cannot entirely destroy them; by careful application of it the advent of bacteria from without may be hindered, but those already disseminated through the tissues cannot be hindered from mingling with the wound secretions, and *vice versa*, it being evident that importation of bacteria from tissue to tissue by means of wound secretions can and does take place.

The development of bacteria on granulating wounds treated by the antiseptic method, proves alone nothing, either for or against the causal connection of bacteria with accidental wound diseases, as the relation of bacteria to wound diseases begins with the infection of the tissues. On the other hand, healthy granulations, as they are also especially observed under the antiseptic dressing, give a very good protection, of course, against bacteria from without. It also appears that the antiseptic method, as far as these experiments go, makes bacteria relatively harmless.

From the practical standpoint, the antiseptic method does not consist of any regular proceeding, and is of much more ancient date than is generally supposed. Any dressing that acts against decomposition, and tends to keep alive, so to speak, the tissues composing any wound surface, is antiseptic. Wine and alcohol diluted with water do this, and they were used as dressings for wounds at the time that the Egyptian school of Medicine at Alexandria existed, or about 500 B. C. Surgery was conducted on an antiseptic basis at that early date, and this fact would oppose effectually modern claims to discovery of the antiseptic treatment of wounds.

The progress of surgical science has brought many innovations and valuable improvements in this respect, and much credit is due to the great minds who have approached surgery to the exact sciences. Imperfect as it still is, and wide as is the gap that still exists between it and them, yet it cannot be denied that the surgeon walks the dark paths with brighter light and surer step to-day than he did even 100 years ago. And so, in the antiseptic method, modifications have been made, according to the results of careful and oft repeated experiments, which enable us to estimate more properly its value, and rely with more certainty upon its application.

In the treatment of amputations, the statistics given in the German hospitals, and published in *Schmidt's Yahrbücher*, show that even in slight wounds, as regards a *prima intentio*, the antiseptic method is preferable.

These reports show that with amputations treated by the antiseptic method the duration of the healing period was considerably shorter than with those treated by the open method. The proportion of time was 1 : 2, and if each separate case is gone through, surprisingly brilliant successes will be found.

The most brilliant are those attained by Thiersh; four times he healed amputation wounds on the thigh and below the knee with one change of bandage. Even such results cannot justify the assertion made in Krönlein's work,* "that the method employed by Thiersh is to be regarded as new and belonging to him." Thiersh was, however, the first to come out against changing the bandages so often, and after a thorough disinfection left them alone. It stands to reason that healing obtained in this manner is better, locally as well as generally, than when a long suppuration takes place. Slight fever is observed by both methods, which, under favorable circumstances, is of no serious import. By changing the dressings as little as possible, the quantity of disinfectant used is kept down, thus avoiding expense and danger of poisonous effects, for, notwithstanding the conveniences of the antiseptic method for the

* Die Offene Wundbehandlung, Zurich, 1872.

surgeon, and its benefits and comforts for the patient, there is a very great drawback; a drawback especially with carbolic acid, and one which Lister himself admits, namely, the toxical working.

Volkmann also mentions this fact, and among others cites a case of carbolic acid intoxication, and in another case, where resection of the hip joint had been performed, believes that his patient died from carbolic acid intoxication, and considers it not impossible that the causes of death given as "anæmia, shock and exhaustion," may be in reality carbolic acid intoxication.

Salicylic acid, certainly, is preferable in this respect, as the toxical and irritating properties are wanting in it, and its power as an antiseptic agent, in the narrower acceptation of the term, is equal to that of carbolic acid. Enemies of the antiseptic method never forget its expense, which should be of secondary consideration where the alleviation of suffering and saving of life are concerned.

(*To be Continued.*)

THE FLEXIBLE FORCEPS.

BY H. PRAEGER, M.D.,

Laryngoscopic Clinical Assistant in the Jefferson Medical College Hospital.

The recent exhibition, in the surgical clinic of Jefferson College Hospital, of a flexible forceps brought by Mr. Gemrig from London, recalled to my mind a model, which, seven months previously, I had made, from an idea suggested by the remarks of Prof. Ellerslie Wallace, while lecturing upon extra-uterine pregnancies. The English instrument was exhibited by Dr. Levis, who was unable to tell me by whom it was invented. I immediately exhibited my model to Dr. Levis, Prof. Pancoast, Dr. Cohen, Dr. S. W. Gross and others. The ultimate idea of the two instruments was found to be the same. On account, however, of the much greater simplicity of detail, and convenience of manipulation, of my own instrument, I was urged to bring it to the notice of the profession. My instrument is essentially, as stated, a flexible forceps. A rod of copper, or any other pliable metal, varying in length and thickness, is connected at one extremity with the neck of the forceps, and at the other with the handle. This rod is surrounded by a fine, firm, yet freely elastic metal coil, the calibre of which will vary according to the thickness of the rod. This coil is connected by a metal rod with a small lever, attached to the handle, by which it may be projected forward or backward, at will, by a slight pressure of the thumb of the hand holding the instrument. This movement opens and closes the blades of the forceps. Thus the body to be removed is met, the closed prongs or probe-like head of the instrument being held in contact with it, the lever is pressed upon, immediately the inclosing sheath is retracted, and the blades of the forceps, being freed, spring open to any extent desired by the operator. As the body comes into the jaws of the instrument, the lever is pressed in an opposite direction, the coil is projected forward, the object is grasped and withdrawn. No slipping is probable, the inner surfaces of the blades being deeply fenestrated and indented. The clutching and clinging power secured is very great. Thus much for the instrument as a flexible forceps. Now, when closed, the blades are exactly coapted, forming a smooth, egg-shaped extremity, which gives to the instrument the appearance as well as the practical character of a flexible probe. To make it complete in this respect, a delicate porcelain cap is adapted to the head. The practical utility of such an instrument as this will be at once recognized. As a flexible bullet probe and forceps it is at once unique and invaluable. My connection with the Out-department for the treatment of diseases of the throat in Jefferson College Hospital has led me to appreciate its utility in throat surgery. It will also be found useful for the removal of foreign bodies from the urethra; for the removal of uterine polypi, in certain cases of fixed displacement, etc.

Does Quinine Affect the Hearing?

The belief is general among the laity that the prolonged use of quinine affects the hearing. Medical men have generally disbelieved this, and attributed the notion to prejudice. Dr. Roosa, of New York, has been examining the evidence, such as he can procure, and is inclined to believe that in some cases there is a permanent nervous affection of the ear produced, which justifies the opinion of the laity.

Hospital Reports.

PHILADELPHIA HOSPITAL.

CLINIC OF DR. F. F. MAURY,

REPORTED BY DR. C. W. DULLES.

PHAGEDENA, SYPHILITIC ULCERS, CHANCROIDS AND BUPO, STRICTURE OF THE RECTUM.

Case 1.—Phagedena of Vulva.

Gentlemen:—The first case I have to show you to-day is of a kind rarely seen outside of large hospitals, because it is most apt to occur among poor and neglected persons who are exposed to grave dangers, and too ignorant to attend properly to their injuries at the outset. This unfortunate woman presents a condition of the vulva which is truly horrible. The right labium is, as you see, almost totally destroyed by an ulcerative or sloughing process; the tissues of the mons veneris are dissected loose from the bones, and make a sort of triangular flap above where the superior commissure should be, and the parts about are inflamed and swollen.

Perhaps the first thought of the surgeon on regarding such a lesion, is that it is due to a phagedenic chancroid, a chancroid caused by a poison so virulent or exposed to such inimical surroundings, that its action has spread from the point of inoculation and involved so great an extent of the adjacent tissues. But in the case before us I am inclined to reject this idea. Our patient gives no history pointing to a venereal origin of this trouble, nor do I find, by physical examination, any good evidence of such origin. Nor can I believe the lesion is due to epithelioma, which might attack this muco-cutaneous surface. The age of the patient, the rapid course of the process, and the history in general, point rather to a traumatic source of her injury, and lead me to believe this to be due, as she thinks, to a fall she had, in which she received a violent thrust against the vulva with a stick.

And I may here tell you that serious injury of these parts, and of the perineum, is not infrequently caused by purely mechanical irritations. Ballet dancers, for example, who wear close-fitting tights, and draw them up firmly against the perineum with a twisted cord, sometimes suffer very much from inflammation of the vulvo-vaginal glands. The same is true of circus riders, at times.

The treatment of such a simple case may be similar to what has been used here: the application of a detergent wash, followed by the sprinkling on of iodoform powder. The latter is a valuable aid in treating extensive ulcers. It has, however, a strong objection in its odor, which is intensely disagreeable to most people. To counteract this, there may be added to each drachm about ten grains of tannic acid, or, better still, ten drops of the oil of gaultheria, which will deodorize it pretty well.

Another point is worth remembering. The application of iodoform to such a surface often results in the formation of a pretty firm crust, composed of the powder mixed with the discharges or secretions. This may be removed by soaking, and, best of all, by the application of a poultice for a few hours each day, before renewing the powder.

Such has been the treatment of the patient before you since last Wednesday, just one week, and she tells us, with evident sincerity, how much better she is now feeling. The appearance of the ulceration is decidedly better, and we shall continue the use of what has already done her so much good.

Case 2.—Syphilitic Ulceration of the Face.

This patient, whose nose is partly destroyed and fallen in, whose upper lip is retracted, and her appearance irretrievably ruined, admits a syphilitic history, and presents a sad case of the ravages of the disease.

You see applied to the ulcerated surface of her nose a piece of lint, which protects the coating of iodoform which has been used in her case. This is in addition to a daily application of a solution of acid nitrate of mercury diluted with six parts water.

In a case of this sort, the coating of iodoform which adheres may be removed, as in the case we saw just before, with a poultice, but, as we are dealing with the face, and wish to be a little delicate, we may employ, instead of the usual poultice materials, a small quantity of clear starch just as effectually, and more agreeably to the patient's feelings.

This woman is taking, at present, as an antisyphilitic remedy, the Sirop-Gibert, a French preparation, the use of which I introduced into this hospital about two years ago, and which is one of the best forms of administering mercury of which I know.

I will give you the formula for its preparation, so that you may have it made whenever you wish.

SIROP-GIBERT.

℞.	Red iodide of mercury,	grs.xvss
	Iodide of potassium,	℥j ℥v
	Distilled water,	f.℥j f.℥vj. M.

Dissolve and filter, then add simple syrup until the whole measures fifty fluid ounces.

The dose of this is a tablespoonful, containing one-seventh of a grain of the red iodide of mercury, and seven and three-quarters grains of the iodide of potassium, which may be given three times a day. This preparation I have never known to salivate a patient.

Case 3.—Syphilitic Ulcer of Leg.

Here is another of these specific ulcers, but in a very different location. It is just on the inner side of the right ankle, a not infrequent position. It measures now about three inches by two and a half, and has been larger. It has been accompanied by other evidences of advanced syphilis. This young man gives a

history of those frightful osteocopic pains which torture so many syphilitic patients. He lies awake whole nights, tossing about in his bed, turning his pillow over to find a cooler and more comfortable part; sometimes he must get up and go to a window, to change his position. A clear enough case, calling for specific treatment, above all things. Consequently we have given him the Sirop Gibert, and applied to the ulcer iodoform. I had intended, if the ulcer continued as indolent as it was a week ago, to apply today the actual cautery. But fortunately for our patient, he is much better, and need not be subjected to it. The surface of his ulcer is quite healthy-looking now. A good crop of sound granulations is springing up, and it would be a mistake to interfere with them so long as they do so well.

Case 4.—Chancroids and Bubo.

This patient came into the hospital four days ago, with a suppurating bubo, with an elongated and highly inflamed and swollen prepuce, upon which were seven chancroids, and with pus oozing from the opening in a way that led to the belief that there were within it concealed chancroids. Under these circumstances, my resident, Dr. Stehman, very wisely slit up this prepuce, and discovered no less than six sores. This is a procedure which should always be followed in similar cases. Where you have reason to suspect that there are concealed sores, and you cannot retract the foreskin so as to satisfy yourself, you should slit it up or perform circumcision, by which means you will be enabled to inspect the parts thoroughly, and, what is of prime importance, keep them thoroughly clean. In no diseased condition is cleanliness more imperative than in venereal diseases. Where sores of this nature are exposed it is usually best to cauterize them promptly, and then apply some detergent and mildly stimulating lotion, which has been done in the case before you.

The bubo, you see, has been freely opened, and is to be gently packed with lint, which may be soaked in a lotion similar to that used for the penis.

Case 5.—Stricture of the Rectum.

This young woman says she has been five years married, but is not now living with her husband, who was a man of bad habits and deserted her. Three years ago she first had her attention called to her rectum, by the onset of sharp, lancinating pains when she defecated. Since this time she has never had a single comfortable stool. She has observed that the fecal mass was ribbon-shaped, and accompanied at times with the passage of some blood and mucus. She has also, she tells us, noticed that small quantities of fecal matter, with or without blood and mucus, pass from her between stools, and stain her linen.

She starts to tell us what a previous doctor said, and you observe that I silence her. I don't want to know what another doctor said now. And above all, I cannot permit her to mention the name of the doctor, which, unless prevented, she would doubtless do. Very often an absent physician or surgeon is wronged by permitting his name to be publicly connected with a real or apparent error in diagnosis, and I beg that none of you will ever be guilty of such a discourtesy.

To return to our case, you doubtless know already what is the matter with this woman. When I ask, some of you reply, at once, "Stricture of the rectum," and I feel sure you are right. But nothing will satisfy me, nothing should ever satisfy you, but a digital examination. Let me charge you never to take a patient's word for what is the matter with his or her rectum. Girls will be modest, women will be captious, men will be freaky; but, if patients will not submit to being examined, you had better shake off their dust from your feet than risk your reputation and their well-being by treating them so in the dark.

In conducting this examination, you see that I first charge my finger with soap, working it well under the nail and about the edges and matrix. This is to avert the danger of infection, a danger by no means rare or slight, for the rectum is not a very uncommon seat of syphilitic lesions. The use of this part for unnatural sexual intercourse is no rarity in great cities, and, with our modern ideas of the inoculability of the secretions of secondary lesions, we know that they, too, may become the means of communicating the disease to an innocent person. So we must be cautious in our examination, lest we have the misfortune which has befallen other medical men who have contracted syphilis in the discharge of their professional duty.

Having now oiled my finger, I insinuate it gently through the sphincter ani, and find, as you expected, a stricture, about an inch above the sphincter, and which just admits my finger, as I pass it along with a rotatory movement.

Once well by the band, I instantly do the operation, by divulsion, for stricture of the rectum. The woman cries out as my finger tears the adhesions but she has the advantage of having had the operation performed quickly, without the trouble of anxious anticipation, and, I trust, effectually. You see a certain amount of blood ooze from the anus, mixed with some mucus and a little fecal matter, and I now pass through the rectum a bougie, of about one inch calibre. Every other day this, and later successively larger ones, will be passed by my resident, and I have no doubt the patient will be cured.

This method of treating such a stricture, divulsion, if it can be employed, is far preferable to the knife. It is usually feasible in strictures situated near enough to the anus to be reached, and not too firm or too narrow to admit the finger. A stricture of three years' standing I should not expect to be a very firm one, nor has it proved so in this case.

Strictures of the rectum are usually due to

syphilis or cancer. The latter is more common in elderly people; while young persons, and young women in particular, who have stricture of the rectum, generally owe it to syphilis. In the present case we cannot yet say certainly that this has been the cause; but, with a suspicious history as the foundation, we shall institute a careful search for any evidences of it that remain.

Medical Societies.

BRITISH MEDICAL ASSOCIATION.

(*Continued from p.* 320.)

SECTION C—OBSTETRIC MEDICINE.

The President of this section was Dr. Alfred H. McClintock. Of the papers presented we mention one by Dr. C. H. F. Routh, of London,

On Intra-uterine Pessaries.

Dr. Routh referred to cases where the flexion or displacement occurred, not so much in the uterus, as at the point of union of the vagina and uterus. An illustrative case was given, which proved the inadequacy of all known means. Dr. Routh then showed an apparatus for remedying this state of things. It consisted of a sort of Hodge's pessary, upon which and in the centre of a cross-bar a stem was placed. Three varieties of this were shown, and their mode of application was described. In cases of anteflexion, it was peculiarly useful. By means of a screw in one variety, the stem could be moved forward or backward, and so the flexion corrected. One effect was to enlarge very much the external os, and so to overcome sterility. The instrument had the advantage of remaining clean, and kept the uterus in excellent position.

Dr. Marion Sims said he disliked intra-uterine stems, because of the inflammation that was likely to ensue; but the results of Wynn Williams, Routh, Greenhalgh, Thorburn, Van der Wyde, etc., had brought him round to favor their use. The mischief that arose from the use of Simpson's intra-uterine stem was because it was too rigid, and did not allow any motion of the uterus; but these of Dr. Routh had not that defect. If the precaution were taken to make the stems not longer than two inches, they might be used with but little detriment.

Dr. Norman Kerr referred to the

Treatment of Post-partum Hemorrhage.

The main cause he found to be alcohol. Brandy or gin had been lavishly given during labor, and imperfect uterine contraction, with hemorrhage, was the result. Busch and Moser, Conquest, Burns, Robertson, and Leake had given strong expression to a similar opinion. As to treatment, no case had ended disastrously. His treatment comprised clearing out and manipulation of the uterus, external pressure, ergot, turpentine, aluminate of iron, and cold after ward; in collapse, ammonia, aromatic powder in hot water, *extractum carnis*, hot external applications, and injection of water at 110° Fahr. Four cases were given: ice, milk, extract of meat, essence of beef, soups, and gruel were administered, but no alcohol was allowed. The indications of treatment were to keep the patient alive, to check the flow, and to set up uterine contraction. The danger attending the use of stimulants, in relaxing the control of the circulation and dilating the uterine arteries, was specially pointed out; stimuli being admissible only when syncope threatened to end in fatal collapse, and to be given only with the utmost caution.

Dr. J. G. Swayne read a series of statistics to show

The Uselessness of the Forceps

to infant life. The object of this paper was to show that the timely use of the forceps had not, in the author's practice, led to any considerable saving of infant life. In the support of this view, Dr. Swayne stated that he had used the forceps one hundred and fifty-three times for difficult labor, exclusive of complications, such as hemorrhage, convulsions, etc. In these one hundred and fifty-three cases there were twenty-three still-born children. In most of these death was clearly due to compression of the head, partly caused by the forceps and partly by the length of the labor. But in four cases death undoubtedly resulted from compression of the cord (which was round the child's neck) by the forceps, a danger which it was almost impossible to guard against. To test the question as to the amount of infant life saved by forceps, Dr. Swayne compared the cases of one hundred primiparæ in the later years of his practice with one hundred similar cases in the earlier years, before the forceps was so generally used. Only those cases were taken in which he was the original attendant; all those being excluded to which he was called in consultation by other practitioners, and in which the head did not present, or in which there was any complication of labor. In the first hundred named, the forceps was used thirty times, whereas in the last it was used only twelve times. The advantage was in favor of the first, in so far that no mother died and no child was destroyed by craniotomy in this hundred; whereas, in the other hundred, there was one maternal death and one case of craniotomy. Otherwise, the two groups stood much on a par as regards infant mortality.

A paper by Mr. Henry Allbutt was upon the question,

How to Diminish the Mortality in Childbirth.

This paper dealt, the author said, with a medico-social subject, which should be solemnly considered by the members of the medical profession. Many who had large midwifery practices had no doubt witnessed most distressing and heart-rendering scenes. Statistics proved that in England and Wales over 3000 mothers perished annually from childbirth. In every 189 deliveries, one mother died who had been in excellent health up to the time of pregnancy.

A certain law governed the various child-bearing periods in the amount of mortality. The first decenniad, from fifteen to twenty five years of age, the maternal mortality amounted to about 668 in every 100,000 childbirths. The mortality in the second decenniad, from twenty-five to thirty-five, is 425 in every 100,000. From thirty-five to forty-five, the mortality was 633 per 100 000. From forty-five to fifty-five, it was 833 in 100,000. The question arose, could a large amount of those valuable lives be saved? The mortality was largest in the first and last two decenniads. In the first five or six years of the first period—the mother had not yet reached her full development of bodily growth—various radical defects and imperfections, which a few years would, in most cases, remove, were tested for the first time and found wanting. In the last two periods, thirty-five to forty-five, and forty-five to fifty-five years of age, the female soft parts suffered from more or less rigidity, and there were uterine inertia, rupture of the uterus, hemorrhage, exhaustion, peritonitis, and many other evils. The smallest number of deaths occurred from twenty-five to thirty-five years of age, and the great reason of this was that woman had then reached her greatest prime of development and strength; the period of child bearing should, therefore, be limited from about twenty to thirty-four or thirty-five years of age. During the above period mortality was the smallest. Women should marry as soon after twenty years of age as possible. No woman should have offspring much after thirty-five years of age. Medical men, being the advisers of the public, should lift a warning voice against too early and too late marriages, as well as against the practice of too large families. Many very valuable lives might be saved if the profession would only speak with decision on this important social question. A large amount of indirect mortality arose from various diseases induced by the practice of over-childbearing and excessive lactation, viz., anæmia, phthisis, chronic neuralgia, varicose veins, etc.

A discussion was opened by Dr. Routh on

Conjugal Onanism.

He quoted from Dr. Bergeret's work on "*Sexual Frauds*," various uterine and vaginal diseases supposed to be brought about by this practice.

Dr. Henry Bennet considered that the amount of diseases of pregnancy, and during the first month after parturition, was due to the uterus being in a diseased condition at the time of conception. He believed that there was a very much larger amount of disease of the womb than was supposed. Thus he constantly found uterine disease two months after parturition. His youth had been spent in France, and so he could speak from immediate observation. He stated positively that the system of withdrawal was the way almost universally practiced in France. It was partly the result of the law by which property is subdivided; and hence the desire of not multiplying children. There were in France six millions of landed proprietors; and the population of France was diminishing. This criminal condition of things led to promiscuous intercourse. On the whole, he agreed with Dr. Routh, but thought he had attributed too much disease to this cause.

Dr. Marion Sims stated that such practices existed everywhere, in America as elsewhere. But in America they had made great strides against the evil in stopping the publication of obscene literature, and the importation of instruments used for vile purposes. The laws of Malthus were not applicable to-day, as there was much more facility of communication. Overbreeding did not produce ill health. A woman who had twenty-three children regretted that she did not have the twenty-fourth. No doubt onanism sent many persons to the lunatic asylums. He knew a married woman who confessed to him that, for thirteen years, she had never had a chance of conception. He had known a case where this practice had, in six years, produced obstinate leucorrhœa, and then sterility. Patients often came complaining of hysteralgia; and, if they were asked why they had no more children, they said that some doctor had advised to the contrary.

SECTION D—PUBLIC MEDICINE.

The President of the section was Dr. J. T. Arlidge, F. R. C. P.

Mr. S. W. North advocated the registration of diseases. Dr. Edward Seaton explained the importance of a compulsory notification of infectious diseases.

The Filtration of Water.

Mr. J. Lane Notter stated that the object of filtration was to do away with organic matter. But we have in the generic term "organic matter" the following distinct products: *a*. The spore, or germ, or organism; *b*. The dissolved organic matter ready to decompose and eliminate gaseous impurities forming the pabulum of *a*; *c*. Morbific matters resulting from their nutrition; *d*. Further morbific matter originating probably by catalytic action in *c*. In addition, we have vegetable organisms to a large extent present. Dr. Notter gave the results of a number of experiments on filters, and stated that animal charcoal acted only on decomposing organic matter. On fresh albumen it had no power, and this passed through unchanged, while .95 per cent. of decomposing albumen was removed. The result of filtration through charcoal was to change the character of the organic matter and render it innocuous. The following conclusions were arrived at, the results of a large number of experiments, extending over a period of two years. 1. Water may be very considerably purified by filtration through animal charcoal; the purification is very rapid, and it is satisfactory if the water is to be used immediately. 2. Water must not be left long in contact with charcoal, under penalty of taking back impurities from the filtering media.

3. Water filtered through animal charcoal must not be stored, as there is danger of the formation of low organisms. 4. Charcoal in the form of compressed blocks tends rapidly to clog, and these are not adapted for much work. 5. Spongy iron is undoubtedly the best filtering material; it does not appear to be so rapid in its action as the charcoal; and its inventor is apparently justified in prolonging the time of contact of the water with the filtering material. Dr. Notter stated that the final results of his experiments seemed to indicate that spongy iron is the only absolutely safe substance for water filtration. Animal charcoal is, perhaps, more convenient, but the water must not be left long in contact with the material, and certainly cannot be stored with safety after filtration.

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Severe Nervous Affection Resulting from a Collection of Worms in the Intestinal Canal.

The *Doctor* states that Dr. Weiss, of Neusiedelam-See, sends notes of the following case to the *Wiener Med. Presse*, 1878, No. 12. He was sent for to see a boy of six, whom he found in bed with closed eyes, occasional involuntary movements of the hands toward mouth and nose, and left angle of the mouth somewhat retracted. His face was flushed; the body temperature increased; sordes upon the lips; the tongue dry and fissured; pupils decidedly dilated; pulse small and frequent; the heart beating violently; breathing short and quick, and occasionally interrupted by a short cough. There were no physical signs of lung trouble. The abdomen was distended and meteoric; careful palpation showed a somewhat hard, nut-sized swelling in the region of the great intestine. From the beginning of the attack there had been more or less constipation, which had been complete during the last four days. The history was as follows:—The boy, previously perfectly healthy, had been ailing for some six or seven weeks. He had lost appetite; had become feverish; changed color from a dusky flush to deadly pale, many times through the day; talked in his sleep; complained of pain in the abdomen and head; had an unusually staring look from his eyes. In addition, he had suffered nausea without vomiting; coughed occasionally, and picked his nose and mouth. For twenty-two days he had not left his bed. The physicians who had attended the case had taken it for gastric fever, with hydrocephalus, teething, typhoid, etc. Weiss, however, in his account of the case, observes that none of these affections last so long as six to seven weeks. The various symptoms, in his opinion, pointed to a hyperæsthesia, a reflex excitement of the nervous system, the cause of which in so young a child must be traumatic, mechanical, or parasitic. The decided swelling in the intestine indicated a helminthic trouble in that region; and Weiss, on questioning the child's mother more closely, found that, for some months previously, he had been ailing on and off, had had "flashes of heat," was occasionally delirious, and sometimes tossed all night on his bed. On learning, further, that a Viennese professor had cured him of a somewhat similar trouble some time before, by the administration of a "laxative tea," Weiss made up his mind as to the proper course to pursue, and ordered at once a mixture containing santonin, together with an "anthelminthic plaster" to the stomach externally. A few hours later the child waked from his stupor and passed a number of worms.

Membranous Dysmenorrhœa.

In a valuable article upon "Membranous Dysmennorrhœa," in the Transactions of the Obstetrical Society of London, Dr. John Williams arrives at the following conclusions:—

1. The dysmenorrhœal membrane is not the product of conception, but the decidua ordinarily shed as debris with every menstrual epoch.

2. It is expelled as a whole or in masses, in consequence of the presence of an excess of fibrous tissue in the wall of the uterus; this excess is due to imperfect evolution at puberty, imperfect involution after parturition or abortion, or it is the product of acute inflammation.

3. The membrane is neither the result of an ovarian congestion, nor of an hypertrophy of the ordinary decidua.

4. The chronic inflammation present is usually the result of the monthly expulsion of the decidua from the uterus, and plays an accidental part only in its production; the inflammation may, however, be independent of the expulsion of the membrane, but usually it has no causal relation to the formation of the latter.

5. Sterility is not necessarily associated with the affection, but is the result of the condition induced by the expulsion of the membrane from the uterus and ovaries.

6. The membrane may be expelled without pain

7. Inflammation of the uterus greatly aggravates the suffering caused by the passage of the membrane along the cervical canal.

8. Great relief may be obtained by curing the inflammation of the cervix, though the membrane continues to be expelled every month.

9. In order to effect a cure, the structure of the whole body of the uterus must be altered.

Signs of Forced Abortion.

In a late work by M. Gallard he enumerates these, with the comments on them of a reviewer in the Dublin *Medical Journal*:—

First, at the autopsy of the mother, among other signs observed by the author himself, or taken from the experience of others, he insists upon a new one, for which he claims a high value—it is the presence of ecchymoses in the *culs-de-sac* of the vagina and on the projecting lips of the os tincæ. This sign, however, we cannot admit to be pathognomonic, as ecchymosis may be observed in circumstances where there is no suspicion of abortion. Secondly, in the autopsy of the fœtus and the comparison of the lesions which it shows with those which exist on the body of the mother. When the comparison can be made it is of great importance, and an interesting case is related to illustrate its value. Thirdly, at the examination of the living woman, and the agreement between her replies to questions asked and the state of the organs examined. Lastly, and this is the most original part of the work, at the inspection of the expelled product, M. Gallard insists specially on a sign which has never misled him in cases where the abortions occurred before the end of the third month of pregnancy. It is the tearing of the membranes. These, save in a very few cases where it is always easy to account for the rupture from severe violence, are not broken when the abortion occurs naturally. A series of well-arranged cases renders the work clinically interesting as well as judicially valuable.

Subnitrate of Bismuth.

Prof. Gubler, speaking of this substance at the Académie, observed that it is a mechanical absorbent, just like any other dry powder; and it is a certain antacid, for while it does not absorb carbonic acid gas, which is secondary, it efficiently absorbs the normal acids in excess in the gastric juice, and especially the acids formed accidentally, at the expense of alimentary or other matters introduced into the *primæ viæ*—acetic, and lactic, and volatile fatty acids. Moreover, the basic salt of bismuth possesses the very great advantage of absorbing sulphuretted hydrogen gas, or of producing with the sulpho hydrate of ammonia, by double decomposition, nitrate of ammonia and sulphuret of bismuth. In this latter effect bismuth can only be replaced with ifficulty, chalk, in particular, the employment of which would be so convenient, so cheap, and so inoffensive, not seizing hold of sulphuretted hydrogen. Oxide of zinc is the only other substance that can fulfill all the indications so well met by bismuth, and it easily becomes nauseating or emetic. It is, however, a remarkable thing that this inconvenience especially occurs when small doses of the oxide are employed—as from a twentieth to a fifth of a gramme—which always meet with enough acid in the stomach to convert them into neutral salts. When large doses are given—as a half to one, two, three, and four grammes per diem—they are exempt from all emetic properties, and especially when united with sufficient bicarbonate of soda to neutralize the acids of the *primæ viæ*. This combination furnishes excellent results in the same cases in which bismuth succeeds.

The Filtration of Drinking Water.

Dr. A. B. Prescott remarks, in the Michigan *Medical News:* It seems to me, more attention might well be given to the purification of rain water, river water, etc., by that simple means, everywhere and at once cheap and available, the use of a portable filter with a good bed of pulverized charcoal in layers with gravel. I do not disparage filters set in cisterns or reservoirs. If made on right principles they may do the work expected of them. They have an advantage of permanence and uniform supply without daily attention, but they are much more liable to failure from neglect of the true conditions of filtration than the simple movable filters manufactured for sale.

Some of the definitions and conditions of a good water filter may be given as follows.

1. It must be more than a strainer, and remove more than suspended matters. A brick partition (of bricks mortared edge to edge) in the cistern or reservoir makes a good strainer, removing undissolved matters, but not much else.

2. It must remove from the water the dissolved colloids—the organic matters. The power of a bed of powdered charcoal, especially bone charcoal, to withdraw coloring and other colloid matters, is familiar in manufacturing operations.

3. The good water filter, instead of becoming filled with the organic matters it removes, causes their prompt oxidation. To do this it must have air. A filter constantly submerged under water can act only with the attenuated oxygen dissolved by the water, and cannot effect half the oxidation it would if exposed to the air for the greater part of the time. Without oxidation of its gatherings, a filter can render only a brief service.

—At the late meeting of the British Association, Dr. H. Muirhead made a communication on "Left-handedness." He thought it depended on which half of the brain took the lead. Left-handedness once begun in a family was likely to run in it. It was a curious fact that left-handed people had the left foot one-third to one-eighth of an inch longer than the right.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Spinal Curvatures and Treatment of Spinal Diseases by the Plaster-of-Paris Jacket (Sayre's method), is the subject of a report to the Nebraska State Medical Society, by Dr. S. D. Mercer (pp. 33). It is a clear exposition of the method, well illustrated. To be had of Dr. Mercer, Omaha, Nebraska.

——In a paper read before the Conference of Charities at Cincinnati last May, Dr. Nathan Allen, of Lowell, Mass., sets forth in a terse and clear manner his schemes for the prevention of disease, insanity, crime, and pauperism. The suggestions he makes are, in the main, sound and timely, and ought to fasten the attention of those who love their race. We are also in receipt of a pamphlet from Dr. Allen, giving a large number of favorable reviews of his various essays on public medicine. It would have been more in conformity with thorough frankness to have added some of the less favorable opinions which have been honestly entertained by some critics about some of his teachings, for instance, that published in this journal, to which no allusion is made. It would have been less agreeable to have inserted these, but more praiseworthy.

BOOK NOTICES.

Sanitary Examinations of Water, Air, and Food. A handbook for the Medical Officer of Health. With illustrations. By Cornelius B. Fox, M.D., M.R.C.P., London. Philadelphia, Lindsay & Blakiston. 1 vol. sm. 8vo. pp. 508. Price $4

The medical officers of health in England are a body of medical men appointed by the government to discharge the duties of general sanitary inspectors. They are often called upon to investigate the purity of drinking water, the breathing air in factories and schools, and the quality of food offered for sale by butchers and grocers. The book before us is a guide to the best methods of making the analyses and investigations required. The section on water lays down the procedures for discovering organic pollutions, mineral matters, poisonous metals, etc., in water. On the subject of the air, the different kinds of impurities are noted, as produced by the presence of the oxides of carbon, putrefactive processes, sewage emanations, poisonous gases, injurious vapors, subsoil, churchyard and marsh air, and the like. Ozonometry is also discussed, and the relations between certain meteorological variations and conditions of health and disease. The most approved modes of taking meteorological observations, as regards pressure, temperature, hygrometry, the wind and the electrical state of the air are explained.

In the section on food, the characters of good and bad meat, the diseases of stock, the examination of corn, flour, bread and milk, and the proper mode of destroying condemned flesh, come up for discussion. It will thus be seen that to the practical sanitarian this is a very useful book.

The Druggist's General Receipt Book. Comprising numerous recipes in patent and proprietary medicines, druggists' nostrums, veterinary formulæ, perfumery and cosmetics, beverages, dietetic articles and condiments, trade chemicals, scientific processes, and an appendix of useful tables by Henry Beasley. Eighth edition. Philadelphia, Lindsay & Blakiston, 1878. 12mo, pp. 510. Price, cloth, $2.50.

The title-page tells all that need be said, of a descriptive character, of this book. It has long been known and esteemed among English druggists. It is an English work, and is not quite so convenient for American druggists on that account, as it is based, of course, on the British Pharmacopeia. The editor tells us, in the preface, that the work has undergone careful revision for this edition.

Transactions of the Twenty-Fifth Annual Meeting of the North Carolina Medical Society. 1878. 8vo, pp. 98. Wilmington, N. C.

The usual proceedings, the address of the President, Dr. Robert L. Payne, and a number of scientific papers, fill up the pages of this volume. Dr. Payne discusses, in an interesting manner, some of the problems of heredity (a good word, though of late abused by some). Diphtheria is spoken of at considerable length by Drs. Charles Duffy, Jr., and J. K. Hall. Dr. R. H. Lewis read some ophthalmological cases. Dr. William Little narrated an extraordinary case of suppression of urine, of ten days' duration; and Dr. W. T. Ennett delivered a scholarly annual address, of an historical character.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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1879.

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RECENT DISCUSSIONS ABOUT HOMŒOPATHY.

Various medical journals this summer have been discussing the question as to the relations which an honest physician should hold toward those various parties who profess to make it a business of treating disease on some peculiar, exclusive theory of drugs, or of pathology.

Last spring, as we then mentioned, the Homœopathic Society of New York passed certain resolutions which substantially disavowed exclusiveness. Whether to consult with so-called homœopathists, who respect their distinguishing doctrine merely as a rule and not a law, came before the Comitia Minora of the New York County Medical Society, who reported the following resolution:—

"*Resolved*, That strict adherence to the proposition, *Similia similibus curantur*, in the selection of medicines, and the rejection of *the aids furnished by anatomy, physiology, pathology, and organic chemistry*, constitute exclusiveness.

"Those who do not reject the aids referred to, and who do not prescribe homœopathically when better ways are known to them, are not exclusives. The only exclusives known to the Comitia Minora are a minority of the Homœopathic Medical Society of the county, and the members of the Eclectic Medical Society, the constitution of whose State organization excludes the employment of antimonials, mercurials, and venesection.

This resolution was lost by a close vote.

Another branch of the subject came before the last meeting of the American Medical Association. The following amendment to the constitution was proposed by the judicial council, and laid over, under the rules, for consideration at the next annual meeting:—

"It is considered derogatory to the interests of the public and the honor of the profession for any physician or teacher to aid in any way the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

The covert aim of this resolution was at the Medical Department of the University of Michigan, which is obliged, under the State laws, to receive and graduate homœopathists. A telling response to the resolution has been filed by the editor of the Pacific *Medical and*

Surgical Journal, whose orthodoxy in medicine is beyond the suspicion of a doubt. He says, and very pointedly, of this resolution—

"Should it be adopted, it will become a violation of the constitution to teach sound and rational medicine to a heretic—to admit to medical lectures any person who is given to homœopathy, eclecticism, hydropathy, or any other dogma or set of dogmas, and who seeks a knowledge of regular medicine. To our view the provision appears not only impracticable, but absurd. Fancy an orthodox clergyman addressing his congregation on this wise: 'Brethren, if there be any present who are heretics, or given to unsound faith—if there be any Unitarians, or Roman Catholics, or infidels—if there be any whose doctrines do not conform to those of this church, they are requested and required to withdraw; for I am forbidden to proclaim the gospel of truth to any but true believers.' Will any one show us wherein the two cases are not parallel?"

This is a *reductio ad absurdum* which the advocates of the resolution will find it hard to answer. For ourselves, we should be very highly pleased to have all students who propose to become homœopathists take a regular course first, at Bellevue, Harvard, Jefferson, or the University. We have known several instances where homœopathic practitioners sent their sons to one of these schools, intending to have them subsequently take a homœopathic degree; but in every case the old gents were disappointed and disgusted by their sons turning their backs on Hahnemann and his crowd, and joining the regular ranks.

In fact, nothing but gross ignorance of the history of medicine and its rational principles can induce an honest student to follow an exclusive dogma. For centuries, many regular physicians have practiced according to the rule of homœopathy, believing it to be the correct one, *as a rule*, and nobody has found fault with them. This has been well illustrated by Dr. B. W. Richardson, in a recent lecture, from the writings of that fine old medical scholar, Michael Albertus, the famous Professor of Medicine in the University of Halle from the year 1710 to 1757. Albertus was the grand essayist or journalist of the time in which he lived. His first dissertation, on Hypochondriasis, was published in 1703; his last, on a kindred subject, in 1755. In the fifty-two years he contributed, on an average, seven dissertations a year, in all 364, in which he discussed almost every subject connected with the progress of medical science.

In the issue of these dissertations Albertus produced three, of a therapeutical order, which have had the most marked influence on our remedial art. The first of these, "Dissertatio de Curatione per Expectationem," published in 1718, related to that method of cure which has since been known as the expectant method. The second, published in 1731, "Dissertatio de Curatione per Contraria," related to that mode of treatment which has since been called allopathy. The third, "Dissertatio de Curatione per Similia," published in 1734, related to that mode of treatment which has since been styled homœopathy.

In his day, and in our day, nothing stands in the way of the most orthodox physician pursuing one or other of these methods. But he will not erect it into an absolute law of nature, sacred as the Scriptures, unalterable as the edicts of the Medes and Persians. Any such position is rank folly, not for medical, but for scientific and logical reasons. Inductive logic knows no such laws, and it is for this reason that none but thoroughly unintelligent men can honestly maintain any exclusive dogma.

Notes and Comments.

Napheys' Medical Therapeutics—Sixth Edition.

We have to announce that the fifth edition of this highly esteemed work, although published no longer ago than last January, is completely sold out. No better testimony as to its value could be offered; unless it is the fact that we have always advertised our willingness to take the book back, when ordered by mail, and refund the money, if it proved unsatisfactory; and that, in *not a single instance* have we been asked to do so.

Recognizing the estimate put upon the work by this large demand, we have another, *the sixth*, edition now in press, on which a great

deal of labor has been bestowed to make it a representative book. The monographs, papers and journals of the last eighteen months have been carefully searched, and all their important suggestions respecting treatment, new remedies, etc., incorporated. The sixth edition will be somewhat larger in size than preceding ones, as it will have both new matter and several new headings; but its price will remain the same ($4.00, cloth), making it at once the cheapest and the most useful book the actual working doctor can buy. The new edition will be ready in December.

Acetic Acid Injections in Carcinoma.

Acetic acid, used subcutaneously, in cancer, is by no means a novelty, but does not deserve to be forgotten. It has been revived of late by Dr. T. Gies, who states, in the *Zeitschrift fur Chirurgie*, that he effected marked improvement in a case of cancer seated on the ramus of the lower jaw, which had returned after operation, and had attained the size of a fowl's egg, by the injection of acetic acid in the proportion of one part of the acid to three of water. The tumor speedily underwent reduction of size, and was ultimately no larger than a hazel nut. The same patient had a second tumor, of the size of an egg, beneath the ear, which almost entirely disappeared in the course of twenty-one days, after twenty-five injections of strong acetic acid. In a woman, again, who had a carcinoma of the size of a pigeon's egg, in the left mammary gland, ten injections effected its removal, in great part, in the course of a month, reducing it to the size of a hazel nut.

Singular Plan of Counter Irritation for Stings.

The Southern darkey, to cure a toothache, will put a piece of red pepper in his eye. We had always taken literally his explanation, that he "soon done got enuff to do with dat eye, dat dar war'nt no time to think of de tooth." But according to Dr. Lucas, of the Bombay army, the proceeding is rational, after all. This writer describes a similar treatment for scorpion stings. He says: "The sting is at first like a sharp prick from the point of a needle or a finely-pointed nail, and in a very few seconds it assumes a very agonizing form, as if innumerable pins and needles were thrust into the part. It then shoots up the limbs, along the course of the main nerve-trunk, and is afterward of a darting and most excruciating nature, reaching its climax in from three to five minutes. When a pinch of powdered alum is put into the eye (the eye of the affected side being preferable), the pain of reflected irritation ceases almost instantly as the conjunctival mucous membrane begins to smart; the local pain, perhaps less severe than before, gradually subsides after some hours, and its disappearance is, I am inclined to think, expedited by firm and steady pressure. In regard to the *modus operandi* of the alum cure, I will refrain from saying anything beyond that it probably acts by distracting pain and irritation elsewhere."

The Digestive Principle in the Gizzard.

Dr. N. L. Folsom, of New Hampshire, writes us:—

"I published, June 5th, 1873, in the Boston *Medical and Surgical Journal*, vol. 88, page 587; an article on gizzard skins as a domestic pepsin, far superior to that made from pigs' stomachs. Shortly afterward the above article appeared in one or more pharmaceutical papers.

"In 1876 A. F. Shelly, M.D., of Philadelphia, gave the above medicine the name of *Ingluvin*, and called it his own prescription, and praised it in the highest manner."

If Dr. Folsom will turn to Dr. Shelly's article, in this journal, he will find that the latter did not claim a discovery, but states that the gizzard had been long and widely esteemed as a domestic digestive preparation.

Cotoin as an Anhydrotic.

The London *Medical Record* states that Dr. Fronmüller observed, in the case of a phthisical patient, suffering at the same time from colliquative diarrhœa and sweating, that, under the use of full doses of tincture of coto, both these symptoms disappeared. After this, he gave tincture of coto in ninety-one cases of excessive sweating; in thirty-four with complete, in thirty-six with partial success, and in twenty-one without result. The beneficial action of coto, which seems to have as its basis the raising of the energy of the blood-vessels of the skin, generally lasted only one night, but often for a longer time. Digestion was not interfered with; the appetite was, indeed, often increased, so that Dr. Fronmüller was led to give the tincture as a stomachic in the morning, in some cases of anorexia. This absence of any injurious effect on digestion gives coto a great advantage over other remedies used to arrest sweating,

such as tannin, lead, nitrate of silver, aconite, alum, etc.

Dr. Fronmüller has given cotoin and paracotoin in eighteen cases of diarrhœa of various forms; in nine with complete and in six with partial success, and in three without result. He has also given them in eighteen cases of night-sweat; in eight with complete, in nine with partial success, and in one without result. Paracotoin was given in five cases; cotoin in thirty-one.

The West India Islands as Health Resorts.

On this subject Dr. R. H. Bakewell says, in the *Practitioner*—

The best for the invalid is undoubtedly Barbadoes. It is a coral formation, and so dry that all the prayer of the planters is for rain. The roads are dry ten minutes after the heaviest shower. The resident gentry are a highly educated, most hospitable, and courteous set of men. The best time to arrive would be by the end of September, or beginning of October. This would give the whole of the winter in the tropics.

Yellow fever rarely makes its appearance in Barbadoes, and if it does a chronic invalid runs no danger from it. It is your florid, healthy, beer and brandy drinking Britons who die from yellow fever. Besides, it is almost confined to the barracks, and to low unhealthy places in Bridgetown.

The Poison of Milk Sickness.

This is one of the most remarkable and subtle poisons known. All attempts to fix it on certain plants or certain elements of soil or water have failed. Yet it is of the most permanent and virulent character. A writer in the North Carolina *Medical Journal* gives this illustration:—

"Captain Thompson lost thirteen of his cattle from milk sickness as he was driving them from the Millstone Knob (a noted spot for the disease). He had them skinned, and the hides were hung on poles between his cribs; the rats being quite numerous, they gnawed the cellular substance from the hides, which was so poisonous as to kill every rat about his cribs."

He adds:—

"This poison differs from all the known poisons in the world, in the following particulars:—

"1st. It lies quietly in the system for a long time, without exhibiting any of its toxical powers, until the person or beast is forced to take exercise.

"2d. It is more ethereal and diffusive than any poison known to me. Most of the poisons with which I am acquainted affect the stomach and bowels, the brain and nervous system; this pays no court to either, but extends through every muscle, bone, and tendon, affecting the whole system; yes, even the skin and cellular substance under the skin."

Correspondence.

Sanitation in Yellow Fever.

Ed. Med. and Surg. Reporter:—

In your editorial, volume xxxix, page 275, after quoting extracts from letters from several sources, descriptive of the horrors of the present visitation of yellow fever in the Southern States, you ask, "Whether such dreadful scenes, such destruction and deterioration, are to be allowed to occur every few years, when they can be prevented?"

I believe that I do not misstate your opinion in saying that you believe that the maintenance of street cleanliness in Southern cities and towns would certainly prevent the development and spread of yellow fever. Far be it from me to say aught in detraction of cleanliness, which is ranked next to godliness, or to extenuate the criminal neglect of sanitation in some Southern cities and towns. The question of rigid enforcement of sanitary measures in all cities and towns is no more debatable than the question of personal cleanliness. But since you have read us so severe a lecture on our uncleanness, and have essayed to show us how easy it would be to exclude yellow fever from our midst, and have warned us that we shall call in vain for help and pity unless we amend our ways, we feel constrained to say something in reply to all this.

Would it were true, as you assert, that cleanliness can exclude this pestilence. In that case, only those places which are unclean would be capable of developing, or having received the infection by importation, could propagate it. Now comes the question—are all places where the fever is now prevailing, and were all places where it has hitherto prevailed, in an unclean condition? Undoubtedly, *no!* If yellow fever is essentially a filth disease, how do you account for its prevalence in cleanly localities? It is probable, however, that the presence of filth aggravates the type of the disease, as it does that of many others. Of course, I cannot assert from personal knowledge what is the sanitary condition of all the places infected with yellow fever, but of many of them I can speak. Look at the beautiful and cleanly villages that dot the coast between

New Orleans and Mobile, Baton Rouge, Canton and Holly Springs, and many other places which the most fastidious would admit to be in good sanitary condition.

So far from contenting ourselves with the easy philosophy of the Mexicans, who say that if it is the will of God that the fever should come, it will come, we would urge that no precaution be neglected, and no expense spared to prevent the beginning and development of the dreaded scourge. But I do assert that the infection of yellow fever, like that of smallpox, in its season of prevalence, will take hold of the human system regardless of sanitary conditions and surroundings.

In addition to its prevalence in well-kept towns, do we not, in numberless instances, see it invade the most refined and cleanly country homes, and under these apparently favorable conditions often assume the most malignant type?" For these reasons it would be unwise to rest our hopes of exemption entirely upon a strict enforcement of regulations for the maintenance of cleanliness.

As to the efficacy of quarantine, much need not here be said. Osyka and Holly Springs courted the disease, and it came, alas! to claim their noblest spirits. Many places, it is true, attempted in vain to prevent its ingress, while others, no more cleanly, but perhaps better guarded, are blessed with exemption.

Perhaps we can all agree in ascribing to New Orleans the unwilling distinction of being the *fons et origo mali*.

I will venture to ask the question, in order that it may provoke discussion, what ought to have been done when it first became known that the fever existed in New Orleans? To me it seems that the yellow fever poison, once developed or introduced, the conditions being favorable, will disseminate itself and destroy, as inevitably as that a spark introduced into a dry powder magazine will explode the mass.

New Orleans, perhaps, develops or receives from abroad this disease every year. Its sanitary condition does not vary in such manner as to render it in some seasons barren and in others prolific soil for the growth and spread of the disease. What, then, are the conditions favorable for its propagation?

It is a fact, I think, that this disease never becomes epidemic in the country. It is disseminated by people going where it is, or receiving it through fomites or persons affected by it. Hence, people residing in the country are comparatively safe.

Except New Orleans, the towns and cities of the State are rarely visited by it. Very many of them never had it.

On this bayou, Teche, the garden of the State, the fever rarely comes. It visited some points in 1853, others in 1867, and it now prevails at Pattersonville and on some plantations near by. I cannot close without noticing a remark of "a gentleman living in a country town of Southern Louisiana," quoted by you. He speaks of the people living along his route from Shreveport homeward, as "always inhospitable and avaricious," but now "positively more inhuman and cruel than savages." This language bears the impress of gross exaggeration. Many of them are ignorant, and all, doubtless, afraid of yellow fever, but to say that they are always inhospitable and avaricious, much less, more inhuman than savages, is as unjust as it is false.

Jeanerette, La. W. M. Richardson, M.D.

News and Miscellany.

The Philadelphia Medical Colleges

Have all opened, with large classes and every sign of increased prosperity. They are all increasing the number of collateral professorships, hospital facilities, clinical and anatomical instruction. We have not the space to give the opening lectures in any detail. That at the Jefferson was by Dr. DaCosta. His subject was, "Harvey and His Discovery," which the speaker treated with admirable scholarship, and in the most finished style.

Weekly Report of Epidemics for Week Ended October 12th, 1878.

The Surgeon General United States Marine Hospital Service furnishes the following:—

New Orleans, La.—There were 988 cases of yellow fever and 340 deaths, during the week ended yesterday afternoon. For the last 24 hours, 164 cases and 49 deaths. The disease now prevails throughout the city. Total cases 11,206, total deaths 3400.

Port Eads, La.—One death from yellow fever occurred in the past week.

Baton Rouge, La.—397 cases of yellow fever and 35 deaths for the week ended 9 A.M. yesterday. Total cases 1869, deaths 113.

Morgan City, La.—During the week ended yesterday there were 128 cases of yellow fever and 23 deaths. Total cases 428, deaths 71.

Ocean Springs, Miss.—25 new cases of yellow fever and 6 deaths for the week ended at noon yesterday. Total cases 103, deaths 28.

Pass Christian, Miss.—For the past week there were 35 cases of yellow fever and 3 deaths. Total cases 94, deaths 9.

Bay St. Louis, Miss.—During the past two weeks ended yesterday evening there were 208 cases of yellow fever and 36 deaths. Total cases 286, deaths 56.

Biloxi, Miss.—From commencement of outbreak of yellow fever to the 11th instant there have been 275 cases and 28 deaths.

Port Gibson, Miss.—The yellow fever has spread into the country; at least thirty plantations surrounding Port Gibson are now infected. The deaths to date are estimated at 190.

Friar's Point, Miss.—There have been 13 cases of yellow fever and 4 deaths, to yesterday evening.

Crystal Springs, Miss.—Total cases of yellow fever to yesterday evening 81, deaths 36.

The fever first appeared at Dry Grove neighborhood, 12 miles N. W. of Crystal Springs.

HERNANDO, MISS.—The first case of yellow fever—a refugee from Memphis—occurred August 31st. 23 cases and 10 deaths during the past week. Total cases to yesterday evening 83, deaths 33.

GRENADA, MISS.—6 cases of yellow fever and 2 deaths for the past week. Corrected total deaths to yesterday evening, 323.

SPRING HILL, GRENADA CO., MISS.—15 cases of yellow fever and 6 deaths to yesterday. First case October 1st.

VICKSBURG, MISS.—For the past week there were 33 deaths from yellow fever. 96 deaths have occurred in Warren county, outside of Vicksburg. Total deaths in city and county 978.

HOLLY SPRINGS, MISS.—Total cases of yellow fever to October 8th 1064; total deaths to that date 241.

JACKSON, MISS.—Between 30 and 40 cases of yellow fever reported to October 5th.

MEMPHIS, TENN.—There were 157 deaths from yellow fever for the week ended the evening of the 10th instant. Total deaths 2784.

BROWNSVILLE, TENN.—139 cases of yellow fever and 35 deaths for the week ended yesterday afternoon. Total cases 413, deaths 121.

PARIS, TENN.—The first case of yellow fever among the inhabitants occurred September 6th. The first case of the fever among refugees August 23d. Total cases to yesterday evening 52, deaths 22.

CAIRO, ILL.—Total cases of yellow fever to yesterday evening, 31, beside 5 doubtful cases, total deaths 25. Assistant Surgeon Waldo, of the Marine Hospital Service, taken sick on Thursday, probably with yellow fever.

ST. LOUIS, MO.—No cases of yellow fever in the city. 3 deaths at quarantine during the past week, two of which were refugees. The Superintendent of the quarantine station is sick with yellow fever.

LOUISVILLE, KY.—For the week ended yesterday evening there were 10 new cases of yellow fever and 8 deaths, of which number 9 cases and 7 deaths were among the inhabitants residing in the infected portion of the city referred to in previous reports. Total cases 112, deaths 49; of these, 88 cases and 34 deaths were refugees.

CINCINNATI, OHIO.—No new cases or deaths have occurred since last report up to the 9th inst.

MOBILE, ALA.—There were 7 cases of yellow fever and 3 deaths since noon of October 4th to the 11th inst. Total cases 37, deaths 20.

DECATUR, ALA.—The first case of yellow fever occurred September 7th. Total cases to yesterday evening, 82, total deaths, 15.

KEY WEST, FLA.—Two cases of yellow fever occurred this week; the first since the 21st of September. Total cases 37, deaths 16.

CANTON, MISS.—From October 4th to October 10th there were 90 new cases of yellow fever and 26 deaths. Total cases to that date 810, deaths, 139.

HAVANA, CUBA.—26 deaths from yellow fever and 3 from small-pox, week ended October 5th. No reports received from the following places where yellow fever exists—Greenville, Miss., Mississippi City, Miss., Water Valley, Miss., Chattanoga, Tenn., Grand Junction, Tenn., Hickman, Ky., South Pass, La., Plaquemine, La., etc.

The Yellow Fever in Memphis.

Dr. Greensville Dowell, who has charge of the Market Street Howard Infirmary, Memphis, writes us:—

"The mortality has been perfectly fearful, fully fifty per cent., and in the last two days as bad and as fatal as ever; but the mortality is in the surrounding country. About thirty physicians have died, and about 300 nurses from different parts of the United States; twenty-two out of forty-one physicians have died (and all except three have had the disease) of those who came here to assist, besides the doctors who live here. Two are now reported dying, and one Memphis physician, Dr. Otey. The disease is a typhoid type, and no treatment does much good; but I have returned to the practice given in my book, and I find it more successful than any other. I have been serving in the Market Street Infirmary since it was opened, assisted by Dr. Gelzer, of Mobile. We have lost 101 cases out of 226 up to last night. Some have come in pulseless, and many with black vomit; only very few have turned yellow, not more than one in ten; they die before they can turn yellow, by congestion of the brain or kidney, or black vomit. Some look hopeless when taken, and the question is, what can we do? We have tried almost every plan, but all fail, and this is the almost universal report. We have doctors from Mobile, Charleston, Savannah, and every part of Texas, but all make the same report. Dr. W. E. Rogers is down, but convalescent. I have not had any time to make *post-mortems*, but many have been made by Drs. T. O. Summer, Thornton and Chevis, and will be duly reported."

The Yellow Fever Commission.

A liberal and benevolent lady, Mrs. Elizabeth Thompson, of New York, came forward and offered to defray the expenses of organizing a commission, and Surgeon-General Woodworth, of the United States Marine Hospital Service, appointed Professor S. M. Bemiss, M. D, of New Orleans; Jerome Cochran, M. D., of Mobile; and Professor E. Lloyd Howard, M. D., of Baltimore, to act as such commission. Dr. Elisha Harris, President of the American Public Health Association, has consented to join the Yellow Fever Commission in the field, about the 20th of October.

Should the contributions of money be sufficient, or Congress so direct, two or three scientific experts will be attached to the commission, for the purpose of extending the line of inquiry.

The importance of the work is so obvious, that the cause will appeal to all classes, and the additional funds necessary should be raised without delay. Subscriptions are to be asked for in all the cities of the Union, and, in order to bring the subject before the benevolent of this city, a number of prominent physicians have issued the following appeal:—

To the Citizens of Philadelphia:—The undersigned physicians of this city most earnestly commend to your attention the appeal of the Surgeon-General of the Marine Hospital Service, for funds to defray the expenses of an inquiry into the conditions attending the cause and development of the present epidemic of yellow fever, and heartily recommend you to extend material aid to the project. The appeal is specially directed to the mercantile communities, in view of the great depression in trade and interruption of commerce, that necessarily attend the prevalence of epidemics. They believe that practical results may be achieved that will materially lessen the possibilities of the recurrence of such visitations, with their attendant distress and suffering, to the people of the South, and their danger to the health of Northern cities.

Mr. George W. Riggs, of Riggs & Co., bankers, Washington city, has consented to act as treasurer, to receive and disburse the funds contributed, which will be devoted exclusively to the expenses of the Commission, and publicly accounted for.

Malaria in Illinois and Iowa.

Dr. G. G. Shannon wrote us, in September, from Industry, Ill.: "We are having the most wonderful epidemic of malaria ever witnessed in central Illinois."

A letter from Dubuque, Iowa, says: "A large number of people residing on the flats in the eastern part of the town are afflicted with the ague, and half the time they are either burning or freezing. This is a bad time for poor people to have the ague, as winter is close at hand and the price of quinine is uncommonly high."

Hog Cholera.

Word comes from the West that the hog cholera is prevailing to an alarming extent in that section, and is fatal beyond precedent. Some of the farmers have lost their entire stock by this disease, while others are selling out at very low figures in order to save themselves from the risk of total loss. Although there are medicines which are claimed to be specifics for the disease, the claim has not been substantiated in practice. At one time we had charge of five military hospitals in Illinois, and to consume the slop, laid out a portion of the "Hospital Fund" in pigs, buying about forty. They were seized with the cholera, and we put those unfortunate pigs through a course of experimental therapeutics that surpassed a Parisian hospital. Not a single drug seemed to have the least effect. The mortality was exactly 100 per cent. of the cases, and the cases precisely 100 per cent. of the pigs.

Personal.

We regret to learn of the illness of Dr. E. S. Gaillard, editor of the Richmond and Louisville *Medical Journal*, and the *American Medical Biweekly*. He has been suffering severely from malarial fever. He has our best wishes for an early recovery.

—Dr. Peyton Grymes, of Orange county, Va., died at his home, August 23d, 1878, in his 88th year. He conducted for many years the largest practice of any physician in the county.

—A melancholy example of the power of the emotions is reported from Paris:—Dr. Deleau had an only daughter, aged 16, in whom all his affections were centred. This young lady died on August 29th, from pulmonary phthisis, and the father's grief was so intense that, in embracing his daughter, in taking his last adieu, he fell on her corpse and breathed no more! Both were buried in the same vault, in the midst of a large concourse of mourning friends and patients. Dr. Deleau was a rising man; he took his degree in 1863, and distinguished himself as an aurist and laryngoscopist.

QUERIES AND REPLIES.

MR. EDITOR:—I was called to Mrs. S. in her third confinement, which proved to be a shoulder presentation. Turning being the "order of the day," I at once placed her in position, and introduced my right hand and found *no feet*. On introducing my left found *no feet*. At my wits ends, but bound to "Hold the Fort," I placed my patient on her *knees and elbows* and again inserted my right hand, and without any difficulty whatever caught the feet and turned, and delivered the head with the forceps. Failing in the first two attempts, the question in this case arises, "What was the *position* of this baby's feet?

L. B. B.

Penna.

MARRIAGES.

ANDERSON—BARTLETT.—On Wednesday, October 2d, 1878, by Rev. Thos. M. Penick, at the residence of the bride's parents, P. S. Anderson, M.D., of Ga., and Miss Eusebia A., daughter of Dr. J. W. Bartlett, of Kiskmansville, Ky.

JACKSON—WEIDEMEYER.—On Thursday, October 3d, at the residence of the bride's parents, Montclair, N. J., by the Rev. S. M. Jackson, George T. Jackson, M.D., of New York, and Caroline G. daughter of John W. Weidemeyer.

LANE—FULKERSON.—In Rochester, Minn., October 10th, 1878, by Judge J. W. Fulkerson, N. S. Lane, M.D., Stanton, Nebraska, and Emma V. Fulkerson, Rochester, Minn.

DEATHS.

ALLEY.—At St. Paul, Minn., September 17th, Dr. James T. Alley, formerly of New York city.